



01-08-09

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PTO/SB/21 (09-04)TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/564,842 ✓

Filing Date

January 11, 2006

First Named Inventor

Jia-Ni Chu

Art Unit

1793

Examiner Name

Michael A Marcheschi

Attorney Docket Number

W9643-02

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form (2x *) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations) <input checked="" type="checkbox"/> Extension of Time Request (2x *) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CID, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Receipt Postcard
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\* 2x = Duplicate Copies

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	W. R. Grace & Co.-Conn.		
Signature			
Printed name	William D. Bunch		
Date	January 7, 2009	Reg. No.	35027

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kim Sauter-Bray	Date	January 7, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.